



**THE KAISER COMMISSION ON  
Medicaid and the Uninsured**

**SCHIP PROGRAM ENROLLMENT:  
December 2002 UPDATE**

*Prepared by:*

Vernon K. Smith, Ph.D  
Health Management Associates  
Lansing, Michigan

*and*

David M. Rousseau, MPH  
The Kaiser Commission on  
Medicaid and the Uninsured  
Washington, DC

July 2003

*The Kaiser Commission on Medicaid and the Uninsured is the Henry J. Kaiser Family Foundation's largest operating program and serves as the organizing vehicle for the Foundation's work on health care for low-income people. The Commission functions as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is based at the Foundation's Washington, DC office. The Foundation is an independent national health care philanthropy headquartered in Menlo Park, California, and is not associated with Kaiser Permanente or Kaiser Industries.*

## ***Acknowledgements***

This study could not be done without the cooperation and assistance of the SCHIP directors, Medicaid directors and other state officials who are responsible for data and statistical reporting. This report is based entirely on data provided by these public servants. We acknowledge their invaluable contribution and thank them for their timely responses to our requests for data, for confirming the accuracy of the data and for answering our questions.

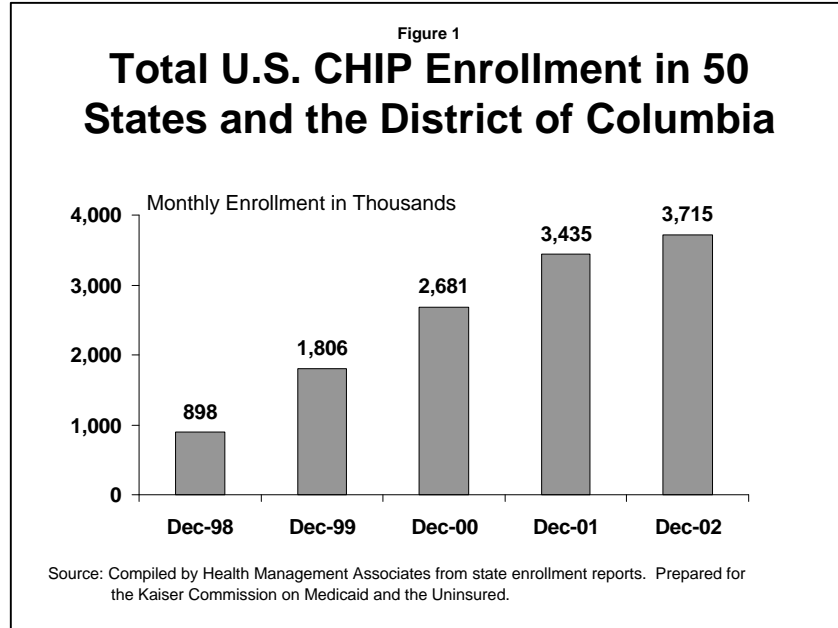
Jason Jorkasky of Health Management Associates assisted with the compilation and organization of the data. His work was excellent and very much appreciated.

The Henry J. Kaiser Family Foundation and the Kaiser Commission on Medicaid and the Uninsured provided support for this project. Special thanks go to Barbara Lyons, Deputy Director of the Kaiser Commission on Medicaid on the Uninsured for her support of this project.



## Overview

The number of children enrolled in the State Children's Health Insurance Program (SCHIP) increased by 8.1 percent in 2002, reaching a total of 3.7 million children in December 2002 (Figure 1).



Despite this increase, SCHIP enrollment growth in 2002 was the slowest in the brief five-year history of the program. In the first three years of the program (1998, 1999 and 2000) the number of children with SCHIP health coverage increased each year by about 900,000 to a total of 2.7 million in December 2000. Enrollment increased by 750,000 the next year to reach 3.4 million in December 2001, and then increased by just 280,000 to reach 3.7 million in 49 states and the District of Columbia in December 2002 (Table 1).

SCHIP directors attributed the lower rate of SCHIP enrollment growth in 2002 to less funding for outreach, more SCHIP applicants qualifying for Medicaid due to declining incomes during the current economic downturn, and the transfer of SCHIP enrollees to Medicaid due to the full phase-in of mandatory Medicaid coverage for poverty level children. That phase-in, which was fully effective on September 30, 2002, made all children under age 19 in households with incomes up to 100 percent of the Federal Poverty Level (FPL) eligible for Medicaid. By federal law, any child eligible for Medicaid's comprehensive benefit cannot enroll in SCHIP, where benefits may be more limited, medical costs born by families may be higher, and the federal government pays a larger share of program costs.

The Medicaid expansion component of SCHIP in six states was limited to an acceleration of the phase-in of Medicaid coverage for poverty-level children. In these states, the full phase-in of Medicaid coverage meant the end of their

**Table 1**

**Total SCHIP Enrollment, December 1998 to December 2002**

Program Type*	Monthly Enrollment					Percent Change			
	Dec-98	Dec-99	Dec-00	Dec-01	Dec-02	12/98-12/99	12/99-12/00	12/00-12/01	12/01-12/02
<b>United States</b>	<b>897,630</b>	<b>1,806,446</b>	<b>2,681,378</b>	<b>3,435,297</b>	<b>3,714,866</b>	<b>101%</b>	<b>48%</b>	<b>28%</b>	<b>8%</b>
Alabama	22,102	33,638	32,915	46,971	55,423	52%	-2%	43%	18%
Alaska	0	7,346	9,882	12,152	14,158	NA	35%	23%	17%
Arizona	3,710	27,765	41,501	54,917	49,985	648%	49%	32%	-9%
Arkansas <sup>3</sup>	341	1,021	1,498	1,686	0	199%	47%	13%	NA
California	66,482	230,820	388,790	542,283	637,666	247%	68%	39%	18%
Colorado	11,704	23,013	28,120	38,228	48,500	97%	22%	36%	27%
Connecticut	5,524	9,088	10,572	12,458	13,436	65%	16%	18%	8%
Delaware	0	2,510	3,823	3,502	4,515	NA	52%	-8%	29%
District of Columbia	569	2,187	3,178	2,554	3,786	284%	45%	-20%	48%
Florida	56,265	124,763	188,364	221,388	283,079	122%	51%	18%	28%
Georgia	213	56,116	106,574	150,330	171,702	NA	90%	41%	14%
Hawaii	0	0	3,854	7,190	8,886	NA	NA	87%	24%
Idaho	2,937	4,728	9,150	11,940	11,197	61%	94%	30%	-6%
Illinois	24,897	47,020	61,123	70,953	76,928	89%	30%	16%	8%
Indiana <sup>1</sup>	24,982	34,656	45,572	48,814	55,800	39%	31%	7%	14%
Iowa	7,004	12,677	18,013	24,488	26,487	81%	42%	36%	8%
Kansas	0	15,206	19,148	24,138	29,918	NA	26%	26%	24%
Kentucky	5,188	28,068	52,653	50,486	50,340	441%	88%	-4%	0%
Louisiana	3,741	26,649	40,551	69,906	81,077	612%	52%	72%	16%
Maine	4,490	8,147	9,519	11,595	12,864	81%	17%	22%	11%
Maryland	35,757	62,893	82,065	96,581	109,827	76%	30%	18%	14%
Massachusetts <sup>1</sup>	28,146	52,508	60,854	53,130	56,429	87%	16%	-13%	6%
Michigan	16,044	32,464	42,293	52,736	47,224	102%	30%	25%	-10%
Minnesota	8	4	16	12	8	NA	NA	NA	NA
Mississippi	8,276	11,191	30,827	49,608	53,937	35%	175%	61%	9%
Missouri	23,998	54,306	70,888	77,811	81,707	126%	31%	10%	5%
Montana	0	2,458	9,700	9,500	9,540	NA	295%	-2%	0%
Nebraska	3,525	6,204	6,921	9,602	18,918	76%	12%	39%	97%
Nevada	2,782	7,573	14,241	22,240	25,361	172%	88%	56%	14%
New Hampshire	11	2,169	3,468	4,340	5,928	NA	60%	25%	37%
New Jersey	22,733	55,430	76,749	87,839	93,477	144%	38%	14%	6%
New Mexico	0	2,395	6,174	9,085	11,170	NA	158%	47%	23%
New York	270,683	425,522	529,149	536,709	459,011	57%	24%	1%	-14%
North Carolina	17,887	55,723	72,024	64,815	89,446	212%	29%	-10%	38%
North Dakota	79	1,026	2,225	2,659	3,104	NA	117%	20%	17%
Ohio	35,300	45,103	66,649	83,741	121,058	28%	48%	26%	45%
Oklahoma <sup>2</sup>	15,523	32,503	37,000	40,707	43,217	109%	14%	10%	6%
Oregon	10,336	14,118	16,617	18,436	19,748	37%	18%	11%	7%
Pennsylvania	68,376	87,592	104,326	118,047	125,424	28%	19%	13%	6%
Rhode Island	2,981	6,978	10,619	12,179	9,847	134%	52%	15%	-19%
South Carolina	38,006	43,773	44,392	47,680	42,395	15%	1%	7%	-11%
South Dakota	1,405	2,789	5,545	7,689	9,020	99%	99%	39%	17%
Tennessee <sup>1</sup>	13,603	16,805	12,873	6,320	0	24%	-23%	-51%	-100%
Texas	35,477	28,513	200,290	492,803	500,567	602%	-20%	146%	2%
Utah	4,390	13,745	20,389	26,427	26,318	213%	48%	30%	0%
Vermont	406	1,632	2,485	3,058	3,278	302%	52%	23%	7%
Virginia	1,420	19,569	29,967	36,091	46,611	NA	53%	20%	29%
Washington	0	0	3,522	6,169	7,569	NA	NA	75%	23%
West Virginia	329	8,935	15,653	20,593	21,348	NA	75%	32%	4%
Wisconsin	0	17,107	26,178	29,661	34,445	NA	53%	13%	16%
Wyoming	0	0	2,479	3,050	3,187	NA	NA	23%	4%

\* M = Medicaid Expansion Program (15) / S = Separate Program (20) / C = Combined Program (15) SCHIP program classification is as of December 2002.

<sup>1</sup> Monthly enrollment reports for this state represent the average monthly enrollment for the quarter ending in the month indicated.

<sup>2</sup> Enrollment is estimated by State for period 2000 to 2002. Indicated enrollment is believed to be an underestimate.

<sup>3</sup> Arkansas has received approval to fund a portion of its Medicaid demonstration "ARKids B" through SCHIP. The State will bill retroactively for December 2002, but has not yet completed the billing process. The number of SCHIP children for December 2002 is unknown at this time.

Note: Increases in excess of 1,000% reported as NA.

Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

Medicaid expansion component of SCHIP. In four of these states (Alabama, Connecticut, Mississippi and Texas), the Medicaid expansion component ended, and SCHIP continued as a separate program. In Arkansas, the Medicaid expansion program continued under a waiver. In Tennessee, the SCHIP program itself was phased out, making Tennessee the only state with no children enrolled in SCHIP in December 2002. Across these six states, Medicaid

expansion SCHIP enrollment totaled just over 12,000 children in June 2002. All of these children were eligible for continued health coverage under Medicaid.

States have increasingly turned to SCHIP funds to finance health coverage for adults, originally under section 1115 demonstration waivers and, more recently, under Health Insurance, Flexibility and Accountability (HIFA) 1115 waivers. For the month of December 2002, a total of seven states reported SCHIP-financed coverage for 241,000 adults (Table 2).

**Table 2**

**SCHIP Enrollment of Adults by State, Sep-02 to Dec-02**

	<u>Monthly Enrollment</u>		<u>Percent Change</u>
	<u>Sep-02</u>	<u>Dec-02</u>	<u>9/02-12/02</u>
<b>United States</b>	<b>231,183</b>	<b>241,327</b>	<b>4%</b>
Arizona	30,382	30,917	2%
Colorado	-	188	NA
Illinois	-	12,703	NA
Minnesota	25,987	25,935	0%
New Jersey	123,431	118,279	-4%
Rhode Island	12,735	12,626	-1%
Wisconsin	38,648	40,679	5%

Note: Adults in AZ, CO, and IL are covered using SCHIP funds through HIFA waivers; adults in MN, NJ, RI, and WI are covered using SCHIP funds through pre-HIFA section 1115 demonstration waivers.

Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

**Enrollment Growth by Program Type**

Federal law provides states the option of operating their SCHIP programs as Medicaid expansion programs, as stand-alone separate programs, or to combine and operate both types of programs at the same time. As of December 2002, twenty states operated only separate programs. Compared to June 2002, this was an increase of three states. A total of 15 states operated a combination of both programs, a drop of three states compared to June 2002. A total of 14 states plus the District of Columbia operated only Medicaid expansion programs – a drop of one state, Tennessee, from June 2002. Tennessee ended its SCHIP program in September 2002 with the full phase-in of mandatory Medicaid coverage for all poverty-level children.

In 2002, the majority of program enrollees, and most of the increase in the number of enrollees, occurred in separate SCHIP programs. In December 2002, over three-fourths of all enrollees nationwide were in separate programs (i.e., 2.8 million children were enrolled in separate programs, which is 76 percent of the total enrollment of 3.7 million).

Enrollment in separate programs grew by 8.6 percent, or 224,000 children from December 2001 to December 2002, accounting for just over 80 percent of total program enrollment growth over the year (Table 3). Enrollment in Medicaid expansion programs grew by 6.6 percent, or 56,000 children from December 2001 to December 2002, accounting for almost 20 percent of total program growth.

**Table 3**

**United States SCHIP Enrollment by Program Type, December 2001 to December 2002**

	Enrollment		Growth	Percent Change
	Dec-01	Dec-02	12/01 - 12/02	12/01 - 12/02
<b>USA</b> (49 States plus DC)	<b>3,435,297</b>	<b>3,714,866</b>	<b>279,569</b>	<b>8%</b>
Medicaid Expansions Only 14 States plus DC	422,226	481,869	59,643	14%
Separate Program Only 20 States	1,100,159	1,718,213	618,054	56%
Combined Programs 15 States	1,274,981	1,514,784	239,803	19%
Medicaid Expansion	398,350	412,976	14,626	4%
Separate Program	876,631	1,101,808	225,177	26%
All Medicaid Expansions 29 States plus DC	820,576	894,845	74,269	9%
All Separate Programs 35 States	1,976,790	2,820,021	843,231	43%

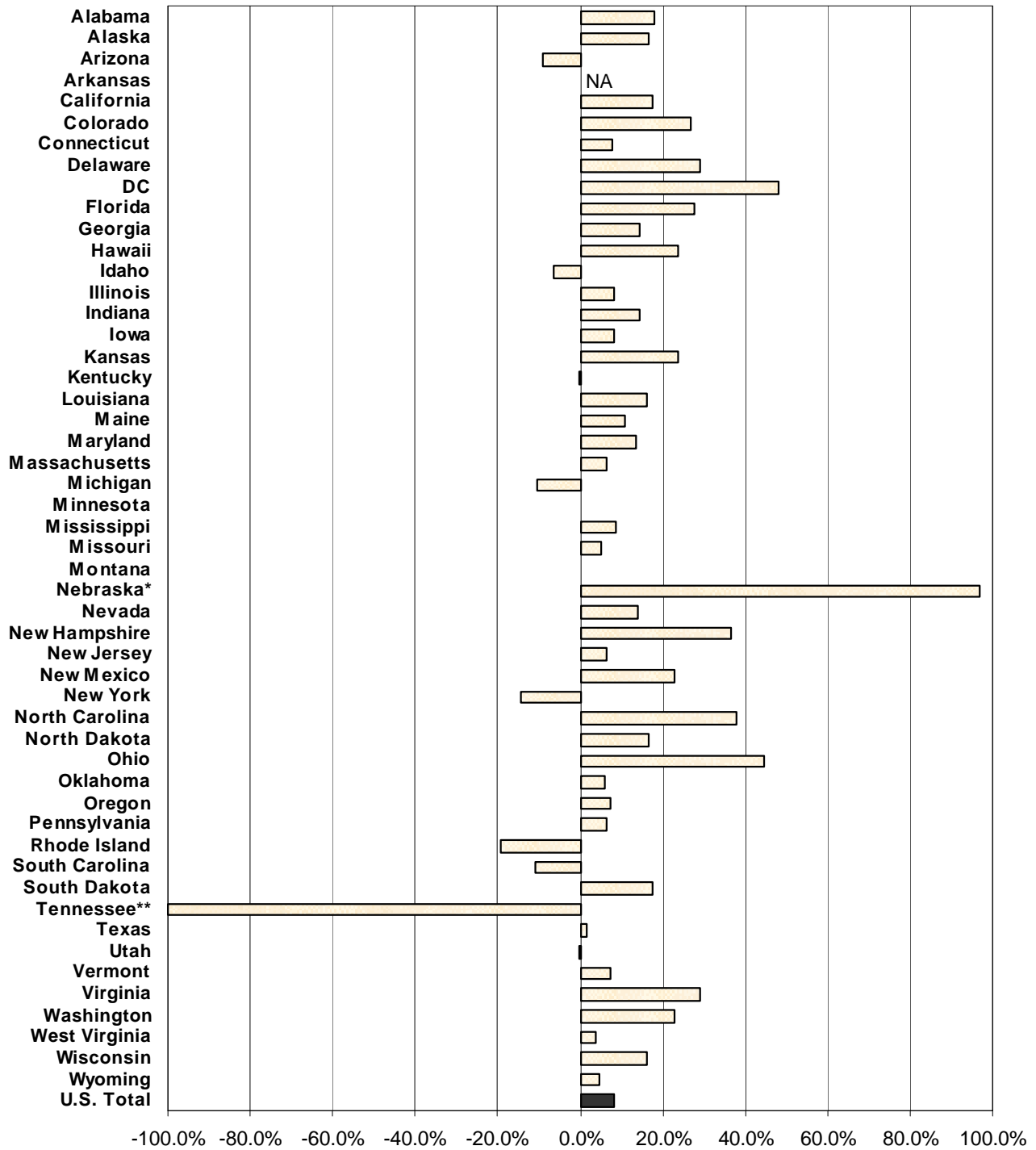
*Notes: SCHIP program classification is as of December 2002. Between December 2001 and December 2002 Virginia added an expansion program and became a combination program. Between December 2001 and December 2002 Alabama, Connecticut, Mississippi, and Texas dropped their expansion programs and became separate-only programs. Actual December 2001 separate program only enrollment (including Virginia) was 1,136,250. For states with combined SCHIP programs, actual December 2001 Medicaid expansion enrollment (including Alabama, Connecticut, Mississippi, and Texas) was 417,084. For state with combined SCHIP programs, actual December 2001 separate-only program enrollment (including Alabama, Connecticut, Mississippi, and Texas) was 1,459,737. Tennessee phased out its Medicaid expansion program in September 2002 and is classified as a Medicaid expansion state.*

*Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.*

### **Factors Contributing to Changes in SCHIP Enrollment**

During 2002, SCHIP enrollment increased in 39 states and the District of Columbia, and decreased in eleven states (Figure 2). The overall enrollment growth across all states averaged 8.1 percent, the lowest yearly rate of growth since the program began. Further, looking at how enrollment growth changed

**Figure 2**  
**Percent Change in SCHIP Enrollment**  
**December 2001 to December 2002**



\* 86% of Nebraska's increase came between 9-02 and 12-02 after the state dropped 23,000 children and adults from their Medicaid program as a result of new Medicaid eligibility policies and procedures implemented in 11-02. Many of these children likely enrolled in SCHIP after losing Medicaid coverage.

\*\* Tennessee ended its SCHIP program in September 2002 with the full phase-in of mandatory Medicaid coverage for all poverty-level children.

Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

over calendar year 2002, the pace of enrollment growth slowed from the first six months of the year to the last six months (Appendix Table 1). Specifically, across all states, the six-month enrollment growth from December 2001 to June 2002 averaged 5.5 percent (an annualized rate of 11 percent). However, from June to December 2002, the six-month growth averaged just 2.5 percent (an annualized rate of 5 percent).

SCHIP directors in all 50 states and the District of Columbia were asked to identify factors impacting enrollment from June 2002 through December 2002. Eight states did not respond to this question. Among the 42 states and DC responding, seven states responded with general statements such as “No factors that other states are not experiencing,” or “Nothing new since last report.” Responses for the remaining 35 states suggested several factors associated with the slowing rate of enrollment growth in the last half of calendar year 2002.

States cited the economic downturn as the primary driver for the growth in SCHIP enrollment. Of the 35 states with specific responses to this question, a total of 21 (60 percent) listed the economic downturn, including an increase in the number of persons losing or dropping health insurance, as a factor influencing SCHIP enrollment. Nine states listed the effect of ongoing outreach efforts and media campaigns, and four states mentioned newly simplified eligibility processes, such as a joint SCHIP-Medicaid application, eliminating an asset test or dropping a three-month uninsurance period before qualifying for coverage.

On the other hand, several states mentioned factors contributing to slower growth in SCHIP enrollment. Six states mentioned less funding due to tight state budgets, or the elimination of funding for outreach. In addition five states indicated that for budgetary reasons, they were tightening eligibility policies, reinstating previous recertification procedures or adding new cost-sharing requirements. Interestingly, seven states specifically mentioned that more enrollees or applicants for SCHIP were being found eligible for Medicaid, and were being transferred or enrolled to that program. The most specific response on this issue was provided by Arizona:

*“We found that in FY 2001 59% of the children applying for SCHIP were actually Medicaid eligible. As of the end of FY 2002, 70% of the children applying for SCHIP were found eligible for Medicaid.”*

### ***The Impact of State Budget Pressures on SCHIP***

Almost every state is experiencing significant stress in its budget, and most state programs are affected by restrictions in state funding. In many states, however, the SCHIP program does not appear to be facing the same kind of budget cutting faced by other programs, potentially due to strong political support for its role in

reducing the number of uninsured children and enhanced levels of federal financing compared to Medicaid.

When asked how the state budget situation is affecting the SCHIP program in their state, eleven states declined to respond or indicated they were waiting for legislative decisions. Among the remaining 39 states and the District of Columbia, SCHIP directors in 21 states and DC indicated that the program was not currently threatened by budget cuts.

However, SCHIP directors in 18 states expressed concern about a variety of budget-driven actions. These SCHIP directors indicated the potential for program changes due to possible budget cuts, or described specific actions that already affect their program, or potential expansions of their program. At least one state had been considering a SCHIP expansion, but indicated "Until the FY2004 budget is finalized, plans to expand coverage and better utilize our SCHIP allocation remain on hold."

These responses indicate that the severity of state fiscal situations has the potential to significantly affect children's health coverage in many states and needs to be monitored going forward.

## ***Summary and Conclusion***

Although SCHIP enrollment reached a total of over 3.7 million children in December 2002, this represented an increase of only 8 percent above the 3.4 million covered the previous December. This was the lowest annual rate of growth in the program's five-year history. Moreover, the rate of growth decelerated during the year, from 5.5% between December 2001 and June 2002 to 2.5% between June 2002 and December 2002.

The slower rate of growth suggests that the program may have reached a certain level of maturity and is beyond the large percentage increases associated with program startup. It is also possible that the state budget constraints that have caused states to reduce outreach activity have contributed to a slower growth in enrollment or that the economic downturn has lowered incomes and made more children eligible for Medicaid.

The year 2002 also marked the first significant enrollment of adults. Seven states (AZ, CO, IL, MN, NJ, RI, and WI) now have waiver programs through which adults are provided coverage with SCHIP funding. In December 2002 these seven states provided coverage to over 240,000 adults.

State budget problems continue to have a significant impact on SCHIP and other programs in many states. Cutbacks have occurred particularly in funding for outreach, and in a few states the budget cutbacks seem to have contributed to

slower enrollment growth or even enrollment declines. However, strong political support for SCHIP in most states due to its role in reducing the number of uninsured children together with the program's enhanced rate of federal financing compared to Medicaid has meant that budget cuts that have impacted other programs, including Medicaid, have not yet impacted SCHIP to the same extent.

### ***Data Definitions and Methodology***

The data in this report are "point-in-time" data reflecting the number of children and adults enrolled in SCHIP programs in each state in the indicated month. For this report, state SCHIP officials provided data specifically for the months of September and December 2002. States were encouraged to review data included in previous reports in this series and to update data as might be appropriate. Each report including this one reflects updated data provided by states for previous periods. The data for this report were requested in March 2003 and provided in March and April 2003.

The "point-in-time" data in this report differ from the "ever-enrolled" count of enrollees in reports issued by CMS. The most recent report from CMS is for federal fiscal year 2002, the year ending in September 2002. CMS reports a total of 5,315,229 children enrolled at any point in time and for any length of time during that year. CMS also reports a total of 4,622,204 children enrolled in the previous year that ended with September 2001. In contrast, the number of children enrolled in the month of September 2002 per data provided for this report was 3,665,992. The number enrolled in September 2001 was 3,228,723. The annual count of children ever enrolled will always exceed the number enrolled at any point in time, as long as there is turnover in program enrollment during the year. The greater the turnover, the greater is the difference between these two measures of program enrollment. Recent experience is that between forty and fifty percent of SCHIP enrollees leave the program during a year. Both point-in-time and ever-enrolled enrollment counts are useful measures that provide insight into issues of retention and turnover among SCHIP enrollees over time.

## Appendix Tables

**Table 1: Quarterly SCHIP Enrollment by State, 12/01 to 12/02**

**Table 2: SCHIP and Medicaid for Children Eligibility Levels, April 2003**



## Appendix Table 1

### Quarterly SCHIP Enrollment by State, December 2001 to December 2002

	Program Type*	Monthly Enrollment					Percent Change		
		Dec-01	Mar-02	Jun-02	Sep-02	Dec-02	12/01-6/02	6/02-12/02	12/01-12/02
<b>United States</b>		<b>3,435,297</b>	<b>3,579,624</b>	<b>3,623,375</b>	<b>3,665,992</b>	<b>3,714,866</b>	<b>5%</b>	<b>3%</b>	<b>8%</b>
Alabama	S	46,971	49,832	53,135	54,495	55,423	13%	4%	18%
Alaska	M	12,152	12,179	12,780	12,091	14,158	5%	11%	17%
Arizona	S	54,917	55,401	48,599	47,127	49,985	-12%	3%	-9%
Arkansas <sup>3</sup>	M	1,686	1,307	799	236	0	-53%	-100%	-100%
California	C	542,283	572,663	606,546	625,371	637,666	12%	5%	18%
Colorado	S	38,228	41,646	43,679	46,704	48,500	14%	11%	27%
Connecticut	S	12,458	13,341	13,816	13,040	13,436	11%	-3%	8%
Delaware	S	3,502	3,845	4,082	4,121	4,515	17%	11%	29%
District of Columbia	M	2,554	2,718	3,284	5,060	3,786	29%	15%	48%
Florida	C	221,388	253,065	246,432	265,598	283,079	11%	15%	28%
Georgia	S	150,330	160,236	164,896	166,514	171,702	10%	4%	14%
Hawaii	M	7,190	7,928	8,146	8,329	8,886	13%	9%	24%
Idaho	M	11,940	12,099	12,113	11,976	11,197	1%	-8%	-6%
Illinois	C	70,953	67,110	71,407	73,985	76,928	1%	8%	8%
Indiana <sup>1</sup>	C	48,814	48,721	48,342	52,654	55,800	-1%	15%	14%
Iowa	C	24,488	25,934	26,010	26,301	26,487	6%	2%	8%
Kansas	S	24,138	25,679	26,525	27,843	29,918	10%	13%	24%
Kentucky	C	50,486	51,368	52,492	50,794	50,340	4%	-4%	0%
Louisiana	M	69,906	72,467	74,407	77,682	81,077	6%	9%	16%
Maine	C	11,595	12,603	13,010	12,503	12,864	12%	-1%	11%
Maryland	C	96,581	100,183	102,408	104,932	109,827	6%	7%	14%
Massachusetts <sup>1</sup>	C	53,130	49,230	50,094	56,518	56,429	-6%	13%	6%
Michigan	C	52,736	41,917	44,477	46,472	47,224	-16%	6%	-10%
Minnesota	M	12	23	23	7	8	92%	-65%	-33%
Mississippi	S	49,608	51,920	52,456	52,358	53,937	6%	3%	9%
Missouri	M	77,811	74,443	75,078	78,272	81,707	-4%	9%	5%
Montana	S	9,500	9,350	9,350	9,540	9,540	-2%	2%	0%
Nebraska	M	9,602	10,264	10,712	10,882	18,918	12%	77%	97%
Nevada	S	22,240	23,389	24,138	24,284	25,361	9%	5%	14%
New Hampshire	C	4,340	4,692	4,966	5,456	5,928	14%	19%	37%
New Jersey	C	87,839	94,998	95,468	94,225	93,477	9%	-2%	6%
New Mexico	M	9,085	10,531	9,838	10,781	11,170	8%	14%	23%
New York	S	536,709	547,549	526,204	499,689	459,011	-2%	-13%	-14%
North Carolina	S	64,815	74,674	84,286	85,563	89,446	30%	6%	38%
North Dakota	C	2,659	2,796	2,920	3,015	3,104	10%	6%	17%
Ohio	M	83,741	85,409	86,106	118,113	121,058	3%	41%	45%
Oklahoma <sup>2</sup>	M	40,707	43,213	43,423	42,156	43,217	7%	0%	6%
Oregon	S	18,436	18,517	18,133	18,522	19,748	-2%	9%	7%
Pennsylvania	S	118,047	121,118	120,408	121,119	125,424	2%	4%	6%
Rhode Island	M	12,179	11,939	10,890	10,023	9,847	-11%	-10%	-19%
South Carolina	M	47,680	51,002	52,112	42,401	42,395	9%	-19%	-11%
South Dakota	C	7,689	8,145	8,307	8,558	9,020	8%	9%	17%
Tennessee <sup>1</sup>	M	6,320	4,473	2,074	3	0	-67%	-100%	-100%
Texas	S	492,803	521,769	529,980	512,075	500,567	8%	-6%	2%
Utah	S	26,427	22,777	21,931	21,774	26,318	-17%	20%	0%
Vermont	S	3,058	2,962	2,982	3,089	3,278	-2%	10%	7%
Virginia	C	36,091	41,103	42,293	40,321	46,611	17%	10%	29%
Washington	S	6,169	7,030	6,869	7,114	7,569	11%	10%	23%
West Virginia	S	20,593	20,223	20,043	20,958	21,348	-3%	7%	4%
Wisconsin	M	29,661	30,745	31,861	32,261	34,445	7%	8%	16%
Wyoming	S	3,050	3,098	3,045	3,087	3,187	0%	5%	4%

\* M = Medicaid Expansion Program (15) / S = Separate Program (20) / C = Combined Program (15) SCHIP program classification is as of December 2002.

<sup>1</sup> Monthly enrollment reports for this state represent the average monthly enrollment for the quarter ending in the month indicated.

<sup>2</sup> Enrollment is estimated by State for period 2000 to 2002. Indicated enrollment is believed to be an underestimate.

<sup>3</sup> Arkansas has received approval to fund a portion of its Medicaid demonstration "ARKids B" through SCHIP. The State will bill retroactively for December 2002, but has not yet completed the billing process. The number of SCHIP children for December 2002 is unknown at this time.

Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

## Appendix Table 2

### SCHIP and Medicaid for Children Eligibility Levels, April 2003

State	Medicaid Infants (0-1)	Medicaid Children (1-5)	Medicaid Children (6-19)	Separate State Program (SSP)	Enrollment Freeze Implemented	Date Enrollment Began*
Alabama	133	133	100	200		Feb-98/Oct-98
Alaska	200	200	200			Mar-99
Arizona	140	133	100	200		Nov-98
Arkansas	200	200	200			Oct-98
California	200	133	100	250		Mar-98/Jul-98
Colorado	133	133	100	185		Apr-98
Connecticut	185	185	185	300		Oct-97/Jul-98
Delaware	200	133	100	200		Feb-99
District of Columbia	200	200	200			Oct-98
Florida	200	133	100	200		Apr-98/Apr-98
Georgia	235	133	100	235		Jan-99
Hawaii	200	200	200			Jul-00
Idaho	150	150	150			Oct-97
Illinois	200	133	133	185		Jan-98/Oct-98
Indiana	150	150	150	200		Jun-97/Jan-00
Iowa	200	133	133	200		Jul-98/Jan-99
Kansas	150	133	100	200		Jan-99
Kentucky	185	150	150	200		Jul-98/Nov-99
Louisiana	200	200	200			Nov-98
Maine	200	150	150	200		Jul-98/Aug-98
Maryland	200	200	200	300		Jul-98
Massachusetts	200	150	150	200 (400+)		Oct-97/Aug-98
Michigan	185	150	150	200		Apr-98/May-98
Minnesota	280	275	275			Sep-98
Mississippi	185	133	100	200		Jul-98/Jan-00
Missouri	300	300	300			Jul-98
Montana	133	133	100	150	✓	Jan-99
Nebraska	185	185	185			Jul-98
Nevada	133	133	100	200		Oct-98
New Hampshire	300	185	185	300		May-98/Jan-99
New Jersey	200	133	133	350		Feb-98/Mar-98
New Mexico	235	235	235			Mar-99
New York	200	133	133	250		Jan-99/Apr-98
North Carolina	185	133	100	200		Oct-98
North Dakota	133	133	100	140		Oct-98/Oct-99
Ohio	200	200	200			Jan-98
Oklahoma	185	185	185			Dec-97
Oregon	133	133	100	185		Jul-98
Pennsylvania	185	133	100	200 (235)		May-98
Rhode Island	250	250	250			Oct-97
South Carolina	185	150	150			Aug-97
South Dakota	140	140	140	200		Jul-98/Jul-00
Tennessee	200	200	200		✓	Oct-97
Texas	185	133	100	200		Jul-98/Apr-00
Utah	133	133	100	200	✓	Aug-98
Vermont	300	300	300	300		Oct-98
Virginia	133	133	133	200		Oct-98
Washington	200	200	200	250		Feb-00
West Virginia	150	133	100	200		Jul-98/Apr-99
Wisconsin	185	185	185			Apr-99
Wyoming	133	133	100	133		Dec-99

\* Combined programs are reported as Medicaid Expansion Date / Selected Separate Program Date.

NOTE: The income eligibility guidelines may refer to gross or net income, depending on the state.

SOURCE: Income eligibility and enrollment freezes: Center on Budget and Policy Priorities, 2003; implementation dates: Implementation of the State Children's Health Insurance Program, First Annual Report, 2001.



*Additional free copies of this publication (#4123) are available  
by calling our publications request line at 800-656-4533*



**THE KAISER COMMISSION ON  
Medicaid and the Uninsured**

1330 G Street NW  
Washington, DC 20005  
202 / 347-5270  
Fax 202 / 347-5274